



City of Seattle
Department of Planning and Development
700 Fifth Ave., Suite 2000, P.O. Box 34019
Seattle, WA 98124-4019
Phone: (206) 684-8464 Fax: (206) 386-0095
www.seattle.gov/dpd



REFUND/CANCELLATION REQUEST FORM

Type: ☐ Building, Mechanical, & Site ☐ Conveyance ☐ Land Use ☐ Gas Piping & Plumbing
(Permit must be attached.)
☐ Boiler & Pressure Vessel ☐ Electrical ☐ Refrigeration ☐ Other
☐ Furnace ☐ Signs/Billboards

Application/Permit #: _____

Date of Request: _____

Date Received by DPD: _____

Site/Property Address: _____

Request Type: (choose one)

☐ **Refund:** For monetary refund only; no change to status of application/permit (i.e. for overpayment of fees)

☐ **Cancellation:** An alteration to the status of an application/permit, with fee analysis based on Fee Ordinance guidelines (i.e. application/permit duplication, cancellation of project)

Please explain circumstances or details of request: _____

MAKE REFUND PAYABLE TO: Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____

Tax ID # or Social Security #: _____

Refund Applicant's Signature: _____

Authorization to Refund Money to Persons Other than Original Payer:

If the refund is to be paid to persons other than the original payer, please have the original payer sign and date below:

I authorize _____ to receive the refund on behalf of the original payer.

Original Payer Signature: _____ **Date:** _____

Mail this form and supporting documentation to:

Department of Planning and Development
Accounting – Refund/Cancel Request
700 5th Avenue, Suite 2000
PO Box 34019
Seattle, WA 98124-4019

PLEASE ATTACH ANY DOCUMENTS THAT MAY BE HELPFUL IN PROCESSING THE REFUND/CANCELLATION
REFUNDS TAKE APPROXIMATELY 8 WEEKS TO PROCESS. FOR FURTHER INFORMATION CALL (206) 386-9780

~ FOR DPD USE ONLY ~

Application/Permit # _____

Site/Property Address: _____

Contractor/Contact ID _____

Refund Reviewer: _____ Date Received for Review: _____

Refund Log #: _____ Date Review Completed: _____

Refund Outcome: ☐ **Approved** \$ _____ ☐ **Denied** \$ _____

Description of Approval/Denial: _____

TOTAL REFUND AMOUNT \$ _____

☐ **Refund:** Refund review performed, A/P to remain active

☐ **Cancellation:** Refund review performed, application in Void/Closed

~ FOR DPD ACCOUNTING USE ONLY ~

Refund Authorizer: _____ (if total refund amount > \$1,000)

Refund Voucher #: _____ Credit Memo # _____ (for governmental agencies only)